

List of Notices

This list is taken from the ACNO (Active Notice Definitions) table in TEAMS.

TANF Cash (AF) Notices:

A032 TANF INTERVIEW SCHEDULED
A033 RE-EVAL INTERVIEW APPOINTMENT
A034 TANF PARTICIPATION INFORMATION
A035 TRANSFER IN – FIA/EP APPNT SCHED.
A100 APPR TANF - INITIAL & 2ND MONTH
A106 APPROVAL – WCR CHILD CARE
A122 TANF APPR - 1 MONTH ONLY
A123 TANF APPR. – POST EMP. 2ND MONTH
A124 APPROVE 2ND MONTH (DENY FIRST)
A125 APPR TANF CASH EXTENSION
A126 TANF POST-EMPLOYMENT APPROVAL
A128 TANF - APPROVE SUPP. SERVICE
A130 CHILD SUPPORT DIRECT PAYMENT
A201 DENY TANF - NO INTERVIEW
A202 DENIAL – ICM NOT COMPLETED
A203 DENIAL - NO ELIGIBLE CHILD
A204 DENIAL- EXTENSION
A205 DENY TC NO EXT REASON CLAIMED
A206 DENIAL – WCR CHILD CARE
A301 COURTESY - TANF REMAINS CLOSED
A502 CONT BEN FAIR HEARING SANCTION
A601 CLOSE POST-EMPLOY NON-COMPLY
A602 TANF CLOSE - TRANS TO FBIC
A603 TANF CLOSE - TRANS TO SK TRIBAL
A604 1ST SANCTION CLOSE OVER INC
A605 EXTENSION - FIA NON-COMPLIANCE
A606 TC CLOSURE NON-COOP WITH CSED
A607 TANF CLOSE NO EMP PLAN (EP)
A608 TANF CLOSE-TRANS TO ROCKY BOY
A609 2ND OR MORE SANCTION CLOSE
A610 TANF CLOSE-TRANS TO BLACKFEET
A611 1ST SAN CLOSE NO ELIG PERSON
A612 GOOD CAUSE GRANTED
A613 CLOSE – ICM NOT COMPLETED
A614 CLOSE, EXTENSION ENDED
A615 TANF - CLOSE TIME LIMITS

A616 GOOD CAUSE NOT GRANTED
A617 TANF - AUTO CLOSE TIME LIMITS
A618 AUTO-CLOSE, RE-EVALUATION
A640 SANCTION ON CLOSED CASE
A643 CLOSE, NO ELIG. CHILD IN HOME
A650 TANF CLOSE-NO REDET COMPLETED
A660 TANF POST-EMPL AUTO-CLOSE
A701 TANF DECREASE BENEFITS - OTHER
A702 TANF DECREASE - CHANGE IN HH ME
A703 TANF DECREASE - INCREASED INCOM
A740 1ST SAN DECREASE – NO WORK ELIG.
A741 1ST SAN DECREASE – WORK ELIGIBLE
A801 TANF INCREASE BENEFITS - OTHER
A802 TANF INCREASE - CHANGE IN HH ME
A803 TANF INCREASE - DECREASED INCOM
A810 RESTORED/SUPPLEMENTAL BENEFITS
A812 TANF EXPUNGEMENT WARNING
A813 TANF-EBT BENEFITS EXPUNGED
A900 TANF OVERPAYMENT/REPAY AGRMT.
A903 DECREASE, REDUCTION OVERPMT.
A904 TANF REPAYMENT COMPLETE

SNAP (Food Stamps) Notices:

F002 6MR - FURTHER INFORMATION
F006 PEND RECERT-REQUEST FOR INFO
F007 PEND APPL-REQUEST FOR INFO
F008 SHELTER VERIFICATION
F009 REQUEST - WORK REGISTRATION
F010 6 MR OVER GMI AT APP/RECERT
F011 6MR REPORTING REQUIREMENTS
F012 SNAP CHANGE REPORTING REQUIREMEN
F014 6MR-SHORTEN CERT
F020 SELECT AUTH REPRESENTATIVE
F021 AUTHORIZED REPRESENT NOTICE
F024 NOTICE OF NONREPLACEMENT OF SNAP
F032 APPT INITIAL APPL INTERVIEW
F033 RESCHED. - MISSED INIT. INTER.
F035 LOST ABAWD EXEMPTION

F100 INITIAL SNAP APPROVAL
F101 APPROVAL AFTER POSTPONED VERIF.
F120 SNAP - EXPED, POSTPONED 2 MTHS
F121 SNAP - EXPED - POSTPONED VERIF
F122 APPROVE 1 MONTH-INELIGIBLE AFTER
F123 APPR - TIMELY RECERTIFICATION
F124 APPR SECOND MONTH - DENY FIRST
F125 APPR SNAP BENEFIT PRORATED < \$10
F126 EXPED DENY 1ST/PP VERIF 2ND
F200 DENY - NONCOMP APP PROCESSING
F201 RECERT – MISSED INTERVIEW
F202 DENIAL, RECERT.
F203 NON-COMPLIANCE ADJUSTMENT NCA
F213 DENIAL WORK REGISTRATION DISQU
F220 DENIAL - PRIMARY WAGE EARNER QUI
F221 SNAP ET REFERRAL ONE PERSON HH
F222 SNAP ET REFERRAL > ONE PERSON HH
F223 SNAP DENIAL ABAWD EXHAUSTED
F224 ABAWD MANDATORY INFO ONLY
F300 PENDING ADMINISTRATIVE DELAY
F600 CL ABAWD – SNAP ET COUNTY
F601 CL ABAWD-NOT SNAP ET COUNTY
F602 NON-RECEIPT - 6MR CLOSURE
F603 6MR - COURTESY CLOSURE
F613 CLOSURE WORK REGISTRATION DQ
F701 DECREASE BENEFITS - OTHER REASON
F702 DECR. BEN. - CHG. IN HH MEMBER
F703 DECREASE BEN. - INCREASE INCOME
F704 DECREASE BENEFITS - COLA
F705 DECREASE ABAWD-NOT SNAP-ET CNTY
F706 DECREASE/WORK REGISTRATION DQ
F707 DECREASE ABAWD – SNAP ET COUNTY
F708 6 MR APPROVED-NO CHANGES
F801 INCREASE BENEFITS - OTHER REASON
F802 INCREASE BEN.- CHANGE IN HH MEM
F803 INCREASED BENEFITS/DEC. INCOME
F810 RESTORED/SUPPLEMENTAL BENEFITS
F811 RESTORATION/SUPPLEMENT DENIED
F812 SNAP EXPUNGEMENT WARNING
F902 SNAP OVERISSUANCE DEMAND LETTER
F903 OVERISSUANCE HISTORY LETTER

Institutionalized Medicaid Notices:

I030 INSTITUTIONAL; REDE DUE
I031 INSTITUTIONAL; REDE COMPLETE
I108 APPR OF MA/NURSING HOME
I110 APP NH 1ST AND 2ND MTH DIFFER
I112 NH - DENY 1ST MTH, APP 2ND MTH
I205 DENY NH - EXCESS INCOME
I500 RESOURCE ASSESSMENT
I607 CLOSURE - RESOURCES
I608 CLOSE NH - OTHER REASONS
I654 CLOSE NH - OVER INCOME
I704 CHANGE IN NH OBLIGATION

Medicaid Notices:

M002 TRANSFER IN, MEDICAID ONLY
M003 TRANSFER OUT, MEDICAID ONLY
M008 REQUEST FOR MEDICAL EXPENSES
M009 PENDING MA APPL - REQ FOR INFO
M010 MEDICAID PROOF OF IDENTITY
M011 INFO FOR MEDICAL CARE USING MA
M012 MA CHANGE REPORT REQUIREMENTS
M030 MEDICAID REDETERMINATION
M031 MEDICAID, REDE COMPLETE
M040 TPL TRAUMA-REQ TO COMP-CH ONLY
M100 MA APPROVAL
M101 APPROVE MA - SSI
M102 APPROVAL MA - SUBSIDIZED ADOPT
M103 NO APP. TRANS. FROM OTHER MA
M104 NO APP TRANS SOME INDIVIDUALS
M105 MEDICAL NEEDY INFORMATION
M109 MEDICAL EXPENSE OPTION - INCU
M110 AUTHORIZED - MET INCURMENT
M111 APPROVAL – CASH OPTION PAID
M113 CASH OPTION AMOUNT
M115 ADDING A HH MEMBER TO MEDICAID
M124 APPR SOME MONTHS, DENY OTHERS
M212 DENIAL - SS NO DISABILITY
M225 DENY MEDICAID - NO CATEGORY
M301 COURTESY–MA REMAINS CLOSED
M302 COURTESY-NEW APP. REQUIRED
M601 MA CLOSE – NO REDET COMPLETED
M602 CLOSE FM - OPEN EXT CHILD SUPP

M603 CLOSURE - SS NO DISABILITY
M604 CLOSURE - NO SSA DISAB/APPEAL
M605 CLOSE FM - OPEN TRANSITIONAL
M606 DELETE MEMBER FROM MEDICAID
M611 CLOSE - FAIL TO MEET INCUR.
M620 CLOSE TIME-LIMITED MEDICAID
M621 CHIP INFORM. LETTER - FREE FORM
M623 CLOSE MA - SSI CLOSED
M650 MEDICARE ELIGIBLE
M651 NO PRESCRIPTION COV UNDER MA
M701 MA - CHANGE INCURMENT
M705 COLA INCU CHANGE
M710 COVERAGE CHANGE - FULL TO BASIC
M900 MEDICAID OVERPAYMENT-REPAY
M901 POTENTIAL MA OVERPAY

QMB Notices:

Q030 QMB; REDE DUE
Q031 QMB; REDE COMPLETE
Q100 APPROVE QMB
Q105 CHANGE FROM SL TO QM
Q601 QMB CLOSE – NO REDET COMPLETED

SLMB Notices:

S030 SLMB; REDE DUE
S031 SLMB; REDE COMPLETE
S100 APPROVE SLMB
S105 APPROVE SL, CLOSE QM
S601 SLMB CLOSE – NO REDET COMPLETED

General Notices:

X001 REQ. VERIF. OF NEW HH MEMBER
X002 REQUEST FOR ADDITIONAL INFO.
X003 REQUEST FOR WAGE VERIFICATION
X004 REQ. FOR VERIF. OF INCAPACITY

X005 SSN INTERFACE ALERT REQUEST
X006 INFO NEEDED POSSIBLE OVERPAY
X007 SSN/NEWBORN REMINDER
X008 REQUEST--SCHOOL ATTENDANCE
X009 REQ. FOR GENERAL INFO.
X010 SCHOOL BREAKFAST/LUNCH PROGRA
X011 TRANSFER IN; EBT TO EBT
X012 CHANGE REPORT REQUIREMENTS
X013 GENERAL CORRESPONDENCE
X016 REQUEST TO CONTACT NOTICE
X017 LOST JOB/REDUCED HOURS NOTICE
X018 JOB TERMINATION NOTICE
X024 CASE TRANSFER OUT ALL PRGMS
X025 EBT CARD NOT ACCESSED
X034 RECERT/REDE INTER. SNAP/TANF
X100 CHILD CARE INFORMATION
X126 EMERGENCY ASSISTANCE APPROVAL
X200 DENY APP. FAIL TO PROVIDE INFO
X202 DENY - RESIDENCY REQUIREMENTS
X205 DENY - INCOME EXCEEDS NEED
X207 DENY - RESOURCES EXCEED MAX.
X208 DENY - OTHER REASONS
X209 EMERGENCY ASSISTANCE DENIAL
X260 APPLICATION WITHDRAWN
X501 REVERT TO OPEN
X502 AUTHORIZED PENDING HEARING
X600 CLOSE - FAIL TO VERIFY INFORMAT
X602 CLOSE - NO LONGER IN MONTANA
X607 CLOSE - RESOURCES EXCEED MAX.
X608 CLOSE - OTHER REASONS
X609 CLOSE - PER CLIENTS REQUEST
X610 CLOSE - LOSS OF CONTACT
X612 CLOSE - INCOME EXCEEDS NEED
X677 CLOSURE DEATH OF AU MEMBER(S)